

**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U 01487	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name David D Dudas P O Box Bldg Room No if any Street 4407 Pine Oval City Parma State Ohio ZIP Code +4 44134	4 Name file number and address of labor organization Name Teamsters Local Union No 52 Labor Organization File Number 039-065 P O Box Building and Room Number if any Suite 160 Street 6511 Eastland Road City Brook Parl State Ohio ZIP Code +4 44142
5 Position in labor organization Secretary Treasurer	

-Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code +4	7 a Nature of Interest Transaction or Income 7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed David D Dudas	On 8-9-05 Date 440-243-2927 Telephone Number

Name of Person Filing <u>David Budas</u>	File Number U <u>01487</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>Faulkner Muskovitz & Phillips LLP</u> Trade Name if any _____ P O Box Bldg Room No if any <u>Ninth Floor</u> Street <u>820 West Superior Avenue</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44113-1800</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>Attorneys For Union</u> <hr/> 11 b Approximate dollar value of such dealing <u>\$25 000</u> <hr/> 12 a Nature of interest held or income received <u>Holiday Gift Basket</u> <hr/> 12 b Amount <u>\$140</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment _____